

# ORAL HEALTH

## PREVENTING CAVITIES, GUM DISEASE, AND TOOTH LOSS

2010

### Success Stories

#### Arkansas: Working to Increase Community Support

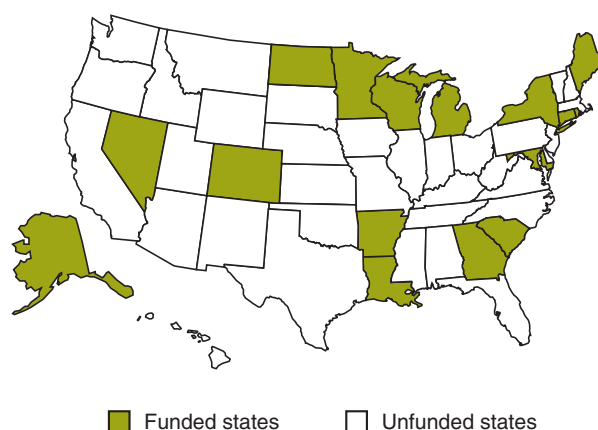
Policy makers and stakeholders must understand the nature and extent of a health problem to become interested in and advocate for a public health program. With CDC funding, the Arkansas Office of Oral Health developed *Oral Health in Arkansas* to educate stakeholders about oral health issues in the state. This publication helps to guide the state's efforts to improve the oral health of its citizens by presenting recent data on the oral disease status of children and adults, disparities among different population groups, and existing oral health resources in the state.

In 2008, the Arkansas Children's Hospital (ACH), a primary source of children's health care in the state, published *Natural Wonders: The State of Children's Health in Arkansas*. This report includes a section on oral health that highlighted information from *Oral Health in Arkansas* and identifies preventive strategies such as school-based oral health services and water fluoridation.

Through the Natural Wonders Initiative and in partnership with ACH, the Arkansas Office of Oral Health has been able to increase its visibility and attract new resources for its preventive efforts. With funding from corporations and foundations (including Delta Dental of Arkansas, Ronald McDonald House Charities, and Tyson Corporation), ACH now has two mobile dental clinics that serve northwest and central Arkansas, as well as 10 sets of portable dental equipment to provide dental sealants.

ACH and the Arkansas Office of Oral Health also are working together on the Seal-the-State initiative, which provides dental sealants to elementary schoolchildren across Arkansas. In addition, the Office of Oral Health has support from the Arkansas Department of Health, the president of ACH, the state surgeon general, and the governor to pursue a bill that mandates water fluoridation in the state. The Delta Dental of Arkansas Foundation has pledged a half million dollars over 5 years to pay for equipment for water systems that initiate fluoridation.

**Funding of Oral Health Programs,  
Fiscal Year 2010**



The *Oral Health in Arkansas* report has proven to be an essential tool for informing stakeholders about the state's burden of oral disease. This knowledge has helped increase the state's capacity and ability to sustain services that are designed to improve the oral health of all Arkansas citizens.

#### Nevada: Creating a State Program for Oral Health

In 2008, the Nevada State Health Division was nearing the end of a 5-year CDC cooperative agreement that had provided resources to strengthen and expand the state's capacity to offer programs that prevent oral disease and promote oral health. A subsequent evaluation of state programs found that several of the objectives in the state's 2004 oral health plan had been met or needed to be revised in order to address current conditions and environmental changes in the state. Thus, in 2008, a diverse group of stakeholders was convened to identify priority objectives for a new state oral health plan. The work group used a policy development tool created by the Children's Dental





Health Project with funding from CDC to assess opportunities for policy change and systems development. The work group identified creation of an oral health program in state law as one of the top five initiatives that could improve oral health among Nevada residents. Strategic planning during the 2008 State Oral Health Summit helped to create an action plan for accomplishing this objective.

Key strategies included creating a broad base of support among coalitions and partners by setting up legislative committees within each coalition; training the members of these committees; identifying key people who supported or opposed the proposed new law; developing key messages and preparing speakers; and educating state legislators about the proposal.

During the 2009 legislative session, a bill was introduced to create a State Program for Oral Health within the Nevada State Health Division. The bill called for a 13-member advisory committee to make recommendations to the health division. The bill was well supported, and in April 2009, it passed with unanimous approval from both houses of the state legislature and was signed into law by the governor. Although not a funded mandate, the law acknowledges the importance of having a state program to address the oral health needs of Nevada residents. The law also will help state officials integrate oral health into other state health initiatives and programs.

### **Wisconsin: Working Together to Seal Smiles**

The public health challenges associated with oral health are usually too large for any one state agency to address alone. The Children's Health Alliance of Wisconsin is a statewide organization that, for the past 12 years, has worked to improve access to oral health care for underserved children by engaging in strategic partnerships with diverse organizations, communities, and individuals. With support from the Wisconsin Department of Health Services' Oral Health Program, the alliance has helped to direct statewide Seal-A-Smile programs, which focus on the use of sealants to protect children from developing tooth decay.

In 2005, the alliance received a Partnering to Seal-A-Smile grant from Delta Dental of Wisconsin to evaluate the state's school-based and school-linked Seal-A-Smile program and to promote expansion of the number of school-based oral health programs in the state. The state's dental program was also the first to pilot

test and use CDC's Sealant Efficiency Assessment for Locals and States (SEALS) electronic data collection and evaluation tool. SEALS uses demographic information and measures of disease burden to calculate program efficiency and cost effectiveness.

SEALS data showed that programs operated by Seal-A-Smile grantees were more efficient and effective. This information helped program officials build the state, federal, and private resources they needed to increase the number of schools served by the program from 135 during the 2005-2006 school year to 200 during the 2006-2007 school year.

During the same period, the state doubled (from 48 to 97) the number of eligible schools served by the program (i.e., those with 50% or more of students eligible for free or reduced-priced meals). The state also offered additional health education and preventive procedures (e.g., teeth cleanings, fluoride varnish treatments) to students.

The strong partnerships developed by the alliance and the Wisconsin Department of Health Services' Oral Health Program have helped the state develop programs to prevent disease and address the increased need for school-based oral health services.

### **Oral Health Facts**

- Tooth decay (dental caries) is the most common chronic disease of childhood.
- Only 1 in 3 of all U.S. schoolchildren and only 1 in 5 of children in families with low incomes have received dental sealants.
- In the United States, 53 million children and adults have untreated tooth decay in their permanent teeth. Much of this problem could have been prevented by greater use of fluoride and timely application of dental sealants on chewing surfaces of back teeth.
- African American and Mexican American adults have twice the amount of untreated decay as non-Hispanic whites.